

ST. LUKE'S REHABILITATION INSTITUTE

CHARITY CARE APPLICATIONS

PURPOSE: To identify for staff the method for applying for charity care.

POLICY: St. Luke's Rehabilitation Institute is committed to the provision of rehabilitation services to persons in need of such service regardless of ability to pay. Medically indigent patients or those with special catastrophic circumstances may be granted charity. Charity care will be granted without regard to race, color, creed, gender, sexual orientation, age, disability/disease, or national origin as required by law (WAC-261-4).

Charity care is usually secondary to all other financial resources available.

PROCEDURE:

When a request for charity care is received, this request will be forwarded in a timely manner to a designated Case Manager who will initiate the charity care request procedure. From the day of request to the decision should be no greater than seven calendar days:

- a. A file will be initiated containing SLRI Forms:
 - CC-1: Charity Care Face Sheet
 - CC-2: Application for Charity Care
 - CC-3: Supplemental Funding for Charity Care
 - CC-4: Charity Care Medical Data
 - CC-5: Statement of decision
- b. The Case Manager will complete his/ her portions of all five forms.
- c. If the patient is a current inpatient whose coverage will run out prior to completion of the treatment plan, a current summary of the patient's status and the proposed charity care will be attached to the Medical Data form.
- d. If the patient is deemed to require inpatient treatment the physiatrist's consult note (or its equivalent) will be attached to the Medical Data form.
- e. If the patient's proposed care is as an outpatient, then the referring agent's prescription is attached along with a medical summary adequate for the reviewing medical officer to understand the rationale for the proposed treatment.

In each case the Case Manager will complete an estimate of the cost of the proposed care on the Medical Data form based upon the prescription or treatment plan provided. For those with insurance, a denial of coverage is to be attached to the charity care request.

- f. When the Case Manager has completed his/her portion of the application, the appropriate portion of the face sheet is completed and signed and the file is forwarded with appropriate precautions to protect the confidentiality of the applicant, to the Medical Director or his/her designee in his/her absence. (Chairperson of Quality Council, Medical Advisor for SCI, Medical Advisor for TBI.) The physician making the medical necessity recommendation should not be the treating or referring physician of the applicant.
- g. The Medical Officer will review the demographic, financial and medical data provided and make a recommendation for approval, denial or alternative treatment, complete and sign the face sheet and return the file to SLRI administration for final decision on the application by the Administrator or his/her designee.
- h. The Administrator will review the file and on the basis of all the information available to him/her make a final decision on the charity care application.
- i. The Case Manager will be notified of the decision and will communicate that decision to the applicant and to the referral agent(s) in writing, including any limitations or other provisions of the decision *within the designated timeframe.*
- j. If the decision is to grant charity care, the Case Manager will assist the patient in scheduling the treatment which has been authorized and monitor to be sure that the authorized care provided does not exceed the amount authorized.
- k. *The full amount of authorized hospital/inpatient or outpatient charges will be determined to be charity care for any patient whose gross family income is at or below 200% of the current Federal poverty guidelines (consistent with WAC 261-14-027).*
- l. The Administrator will notify the Financial Office of the decision and the amount of estimated cost. A record will be kept and periodically summarized and reported as to the nature and amount of charity care provided. This will be in a form that meets the requirements of WAC 261-14 and any other pertinent legislation or requirements of accrediting organizations.
- m. The Financial Officer will ascertain that no bill is sent to the recipient.

- n.** The completed file of each patient will be kept as called for in policies of SLRI regarding the handling of medical records, whether the charity care is granted or denied. If denied, the file will contain a statement of why the negative decision was made.

SLRI Charity Care Face Sheet

Patient _____

Date of Application _____

Initials _____

Date CM process Completed _____

Initials _____

Date Medical Necessity Completed _____

Initials _____

Date of Final Decision _____

Initials _____

Date Decision Communicated to Patient _____

Initials _____

Date File Received in Financial Office _____

Initials _____

ST LUKES REHABILITATION INSTITUTE

APPLICATION FOR CHARITY CARE

Patient Name _____

Date of Service/Expected Date of Service _____

Inpatient _____ Outpatient _____

Name of Responsible Party _____ Spouse _____

Address _____ Telephone _____

Relationship to Patient _____ Number Living in Household _____

Employer _____ Address _____

If Unemployed, how long? _____

Spouse's Employer _____ Address _____

If Unemployed, how long? _____

Other Family Member Employer _____

Household Income & Source	Patient	Responsible Party	Spouse	Working Children	Other
Monthly Salary (gross)					
Public Assistance Benefits					
Unemployment Benefits					
Social Security Benefits					
Workman's Compensation					
Child Support					
Retirement Pension					
Other					
Total Amount \$					

Application completed by: _____ Date: _____

SENT TO: #SLR CASE MGRS

St. Lukes Rehabilitation Institute

SUPPLEMENTAL FUNDING FOR CHARITY CARE

ALTERNATIVE FUNDING MECHANISMS ^{CHARITY}

YES	NO	N/A	(please check)
___	___	___	Other Private Insurance
___	___	___	Long Term Care Insurance
___	___	___	Medicaid
___	___	___	Private funds (trusts, savings, etc...)
___	___	___	Family Resources
___	___	___	Victims of Crime
___	___	___	DVR (Pain Clinic, Pain Control)
___	___	___	Indian Health
___	___	___	University Hearing and Speech Clinic
___	___	___	Veterans Administration

Please Explain:

OTHER REHABILITATION OPTIONS

YES	NO	N/A	(please check)
___	___	___	Home Health
___	___	___	Nursing Home
___	___	___	Adult Day Healthcare
___	___	___	Dept. of Vocational Rehabilitation
___	___	___	Outpatient therapy
___	___	___	Eastern State Hospital
___	___	___	Day Rehab

Please Explain:

PEDIATRICS

YES	NO	N/A	(please check)
___	___	___	Scottish Rite (age 2-7) (ST) 838-2310
___	___	___	Spokane Guild School (birth to 3) (SS, OT, PT, ST) 326-1651
___	___	___	Shriners Hospital for Crippled Children (age 8-18) 455-7844
___	___	___	Spokane Child Development Center (birth to 3) (PT, OT, ST) 924-2850
___	___	___	Dept. of Developmentally Disabled 456-2893

Please Explain:

SLRI Charity Care Medical Data

Date: _____

Patient: _____

Diagnosis: _____

History: _____

Order:

Frequency: _____

Duration: _____

Precautions: _____

Estimated Total Charges: _____

MEDICAL DIRECTOR COMMENTS AND RECOMMENDATIONS

COMMENT: _____

RECOMMENDATION:

____ More information needed: _____

____ Approve

____ Deny _____ Alternative Suggestion: _____

Date: _____

Signature/Title: _____

STATEMENT OF DECISION**Date:** _____**Patient:** _____**Brief statement of request:****Statement of Decision, Reasons for Decision, Limitations or Special Provisions, Etc.:****Signature/ Title**